



maryland  
**health services**  
cost review commission

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## FY 2023 Quarter 4 Data Forum

Please register for FY2023 Quarter 4 Data Forum Meeting at:

<https://attendee.gotowebinar.com/register/6849186011841634901>

After registering, you will receive a confirmation email containing information about joining the webinar.

**June 9, 2023**  
**@ 10:00 AM**

# Why, When, Where

- WHY?
    - Open and ongoing communication between HSCRC & industry
    - Forum to ask questions about submitted hospital data (case mix and financial)
    - Sharing of best practices
  - WHEN?
    - 10:00 am - 12:00 pm
- FY 2024 Dates:**
- September 8, 2023
  - December 15, 2023
  - March 8, 2024
  - June 7, 2024
- WHERE?
    - via Webinar (link is sent the day before the meeting)

# Agenda

- Announcements
  - HSCRC's New Center and Data Points of Contact (Claudine)
  - Case Mix Weights and Grouper Transition Update (Denise/Dianne)
  - Quality Update (Dianne)
  - UCC Data Collection Update (Irene)
  - Reminders (Oscar)
    - CDS-A Report
    - Data Forum Survey
- FY 2024 Final Proposed DSR Changes (Oscar)
- Data Processing Vendor Update (Mary Pohl, hMetrix/Burton Policy)
- Case Mix Review Vendor Update (Brenda Watson, AGS, LLC)
- Data Repository Vendor Update (Jen Vogel, SPG)
- Upcoming Workgroups and Next Meeting (Claudine)
- EDDIE (Alyson)
- Appendices:
  - Appendix 1: UCC Data Submission Updates
  - Appendix 2: UCC DAVE Walkthrough

# Center for Healthcare Data Management and Integrity (HDMI)



Data  
Collection



Audit &  
Integrity



Data  
Sharing &  
Analytics



Data  
Security

# HDMI Team

- Claudine Williams, Principal Deputy Director
- Dennis Phelps, Deputy Director
- Chris O'Brien, Associate Director
- Oscar Ibarra, Chief
- William Hoff, Chief
- Wayne Nelms, Assistant Chief
- Andrea Strong, Assistant Chief/Rate Analyst\*
- Kai-Ing Duh, Advanced Programmer Specialist
- Marcella Guccione, Data Analyst
- Curtis Wills, Health Data Management Fellow

*\*50%, split between HDMI and Rate Setting*

## Points of Contact: Case Mix and Financial Data

Case Mix Data	Financial Data
<b>Oscar Ibarra</b> Phone: (410) 764-2566 Email: <a href="mailto:oscar.ibarra@maryland.gov">oscar.ibarra@maryland.gov</a>	<b>Andrea Strong</b> Phone: (410) 764-2571 Email: <a href="mailto:andrea.strong@maryland.gov">andrea.strong@maryland.gov</a>
<b>Curtis Wills</b> Phone: (410) 764-2594 Email: <a href="mailto:curtis.wills@maryland.gov">curtis.wills@maryland.gov</a>	<b>Marcella Guccione</b> Phone: (410) 764-5594 Email: <a href="mailto:marcella.guccione@maryland.gov">marcella.guccione@maryland.gov</a>
<b>Claudine Williams</b> Phone: (410) 764-2561 Email: <a href="mailto:claudine.williams@maryland.gov">claudine.williams@maryland.gov</a>	

# Grouper Transition: Case Mix Weights and Reports

Rate Year	RY 2023		RY 2024
<b>3M APR/EAPG Version*</b>	IP Weights: 37.1 OP Weights: 3.15	IP Weights: 38 OP Weights: 3.16	IP Weights: 39 OP Weights: 3.17
<b>Data Period Used for Weight Development</b>	IP: CY 2019 (12 Months) OP: CY 2019 and Q1 of CY 2020 (15 Months)	IP: CY 2019 (12 Months) OP: CY 2019 and Q1 of CY 2020 (15 Months)	IP: CY 2021 (12 Months) OP: CY 2022 and Q1 of CY 2023 (15 Months)
<b>Weight Release Date</b>	July 2020	March 10, 2023	November 2023
<b>Policies Applicable To</b>	CY 2021 12 Months Marketshift	CY 2022 12 Months Marketshift	CY 2023 12 Months Marketshift
	CY 2022 6 Months Marketshift	CY 2023 6 Months Marketshift	RY 2025 Demographic Adjustment
	RY 2023 Demographic Adjustment		RY 2022 ICC Volume
	RY 2021 ICC Volume		

\*The 3M™ All Patient Refined DRG (APR DRG) Software and 3M™ Enhanced APG (EAPG) Software are proprietary products of 3M Health Information Systems.



# Grouper Transition: MHAC, RRIP, QBR for CY 2023

<b>Rate Year</b>	RY2025
<b>*3M APR/PPC Version</b>	40 <i>(Updated from version 39 to incorporate annual 3M updates)</i>
<b>Timeline</b>	<p><b><u>Base Year:</u></b></p> <ul style="list-style-type: none"><li>• MHAC: CY 2020 Q3 – CY 2022 Q2</li><li>• QBR-Mortality, all-payer PSI: CY 2021 Q3 – CY 2022 Q2 (FY 2022)</li><li>• RRIP: 2018; norms based on CY 2021</li></ul> <p><b><u>Performance Year:</u></b></p> <ul style="list-style-type: none"><li>• QBR HCAHPS, CDC NHSN measures: CY 2022 Q4- CY 2023 Q3, THA/TKA CMS defined 3-year period</li><li>• All Other Measures: CY 2023 (CY 2022-2023 for MHAC for small hospitals)</li></ul>
<b>Implementation Date</b>	RY 2025 policies begin Jan 1, 2023 in most cases. Look for base and performance period reports on the CRS Portal.

\*The 3M™ All Patient Refined DRG (APR DRG) Software and 3M™ Potentially Preventable Complications (PPC) Software are proprietary products of 3M Health Information Systems.



# PPC Updates and Feedback

## Login procedure for PPC documentation:

### 3M™ Web Portal - Login

- At registration page, **use the old username of "MDHosp" as your authorization code**, complete the fields with your personal information.

## New PPC feedback submission procedure on 3M HIS support site:

<https://support.3mhis.com/>

- After logging in, click on your login id in the upper right corner and click on "enhancement request"

**3M** | Health Information Systems

3M Health Information Systems - 2870159 (MURRAY, UT) | kquinn@mmm....

Support Home | Browse Knowledge | Updates | Request Help | User Administration

**Find Answers**  
Search the Knowledge Base and Documentation Libraries

Search...

**Enhancement Requests**

**Product updates** | **Product documentation** | **M\*Modal product documentation** | **HIS Health Care Academy** | **Get support**

The CRS and 360 Encompass 21.8.0.0 feature release scheduled for 8/26/2021 has been moved to 9/2/2021.

# Quality Update: Additional Topics

Quality is pursuing the following additional areas of quality of care

- Electronic Clinical Quality Measures (eCQMs) or other digital measures CY 2023 – please see the [CRISP eCQM website](#) for more information and HSCRC memos on the main [HSCRC Quality page](#); potentially add measure(s) to RY 2026 payment programs
- Planned Monitoring Reports– Maternal Morbidity; 30-day Mortality; Excess Days in Acute Care (EDAC), hbA1C inpatient screening, ED-PAU/Multi-Visit Patient (MVP), TFU behavioral health, applying PAI to TFU
- Sexual Orientation Gender Identity (SOGI) Workgroup convened in May, staff are following up with concerns and feedback and will host another meeting in August/September
- Exploring options for Outpatient Quality measures, in light of shifts from IP to OP care

# CY 2023 Digital Measure Submission to HSCRC

Title	Short Name	CMS eCQM ID	NQF Number	Meaningful Measure	Notes
<a href="#"><u>Anticoagulation Therapy for Atrial Fibrillation/Flutter</u></a>	STK-3	CMS71v12	N/A	Preventive Care	HSCRC Optional
<a href="#"><u>Antithrombotic Therapy By End of Hospital Day 2</u></a>	STK-5	CMS72v11	N/A	Preventive Care	HSCRC Optional
<a href="#"><u>Cesarean Birth</u></a>	PC-02	CMS334v4	N/A	Safety	<b>HSCRC Required</b>
<a href="#"><u>Discharged on Antithrombotic Therapy</u></a>	STK-2	CMS104v11	N/A	Preventive Care	HSCRC Optional
<a href="#"><u>Discharged on Statin Medication</u></a>	STK-6	CMS105v11	N/A	Preventive Care	HSCRC Optional
<a href="#"><u>Exclusive Breast Milk Feeding</u></a>	PC-05	CMS9v11	0480e	Care Personalized, Aligned with Patient's Goals	HSCRC Optional
<a href="#"><u>Hospital Harm - Severe Hyperglycemia</u></a>	HH-02	CMS871v2	3533e	Preventable Healthcare Harm	<b>HSCRC Required</b>

# CY 2023 Digital Measure Submission to HSCRC

Title	Short Name	CMS eCQM ID	NQF Number	Meaningful Measure	Notes
<a href="#"><u>Hospital Harm - Severe Hypoglycemia</u></a>	HH-01	CMS816v2	3503e	Preventable Healthcare Harm	<b>HSCRC Required</b>
<a href="#"><u>Intensive Care Unit Venous Thromboembolism Prophylaxis</u></a>	VTE-2	CMS190v11	N/A	Preventive Care	<b>HSCRC Optional</b>
<a href="#"><u>Median Admit Decision Time to ED Departure Time for Admitted Patients</u></a>	ED-2	CMS111v11	N/A	Admission and Readmissions to Hospitals	<b>HSCRC Required</b>
<a href="#"><u>Safe Use of Opioids - Concurrent Prescribing</u></a>	N/A	CMS506v5	3316e	Prevention and Treatment of Opioid and Substance Use Disorders	<b>HSCRC Required</b>
<a href="#"><u>Severe Obstetric Complications</u></a>	PC-07	CMS1028v1	N/A	Safety (Measure Risk adjusted)	<b>HSCRC Required</b>
<a href="#"><u>Venous Thromboembolism Prophylaxis</u></a>	VTE-1	CMS108v11	N/A	Preventive Care	<b>HSCRC Optional</b>

# Quality Update: eCQM Reporting Timeline

- CY 2023 Performance Period Submission Windows for eCQMs

<b>Q1 2023:</b>	Open: 07/15/2023	Close: 10/02/2023
<b>Q2 2023:</b>	Open: 07/15/2023	Close: 10/02/2023
<b>Q3 2023:</b>	Open: 10/15/2023	Close: 12/30/2023
<b>Q4 2023:</b>	Open: 01/15/2024	Close: 04/01/2024

- CY 2023 Performance Period Submission Windows for Hybrid Clinical Data Elements

<b>Q3 2023:</b>	Open: 01/15/2024	Close: 04/01/2024
<b>Q4 2023:</b>	Open: 01/15/2024	Close: 04/01/2024

- Hospitals may apply for an extraordinary circumstances exemption if warranted, including an extension if more time is needed.

# Reminders



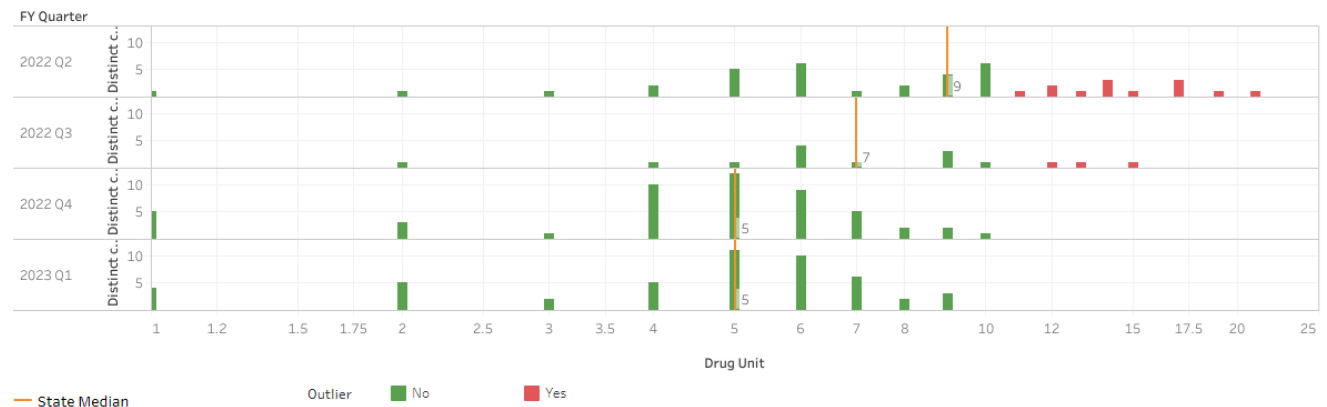
# Reminder: CDS-A Reports on CRISP Portal

- Provides hospitals with **high-cost drug utilization for outlier dosage units** based on 3<sup>rd</sup> Monthly case mix data
- Information should be used to correct errors prior to submission of Quarterly case mix data.
- Hospitals can see which drugs' units are outliers compared to the State average

Outlier Summary Fiscal Year 2022 Q2 -2023 Q1

Drug Codes	Drug Description	EAPG	EAPG class code	Out..	Latest Year Visit Count	Latest Year Charges	Latest Year Outlier Count	Latest Quarter Visi..	Latest Quarter Cha..	Latest Quarter Out..
90375	Rabies ig im/sc	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	1,274	\$9,027,826	156	449	\$3,129,047	51
90376	Rabies ig heat treated	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	157	\$742,379	18	48	\$210,480	
90377	Rabies ig ht&sol human im..	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	311	\$1,646,114	31	198	\$1,050,729	15
A9513	Lutetium lu 177 dotatate th..	246	CLASS IV THERAPEUTIC RADIOPHARMACEUTICALS	No	97	\$5,253,900	0	26	\$1,384,760	
A9606	Radium ra223 dichloride t..	245	CLASS III THERAPEUTIC RADIOPHARMACEUTICALS	No	38	\$990,371	0	11	\$189,499	
C9132	Kcentra, per i.u.	461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	24	\$502,626	0	5	\$109,800	
C9257	Bevacizumab injection	435	CLASS I PHARMACOTHERAPY	Yes	160	\$174,816	16	31	\$1,782	
C9492	Injection, durvalumab	463	CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	2	\$32,041	0	1	\$15,281	
J0129	Abatacept injection	461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	468	\$2,549,362	0	83	\$450,205	
J0180	Agalsidase beta injection	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	95	\$1,970,951	0	20	\$395,562	
J0791	Inj crizantizumab-tmca 5mg	444	CLASS VII PHARMACOTHERAPY	No	258	\$3,830,744	0	73	\$1,049,857	
J0875	Injection, dalbavancin	462	CLASS X COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	500	\$3,578,522	3	177	\$1,310,185	3
J0896	Inj luspatercept-aamt 0.25..	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	211	\$5,109,211	3	63	\$1,866,504	2

Billed Unit Details : 90376 - Rabies ig heat treated



EAPG Version 3.17

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## Reminder: CDS-A Reports on CRISP Portal

- CDS-A Audits starts with what is reported in the case mix data. If the case mix data has errors, the CDS-A data for the following year will have errors.
- Hospitals are subject to fines if the case mix data used for CDS-A audits the following year contains errors.
- For access to the CRISP portal, contact your CRS Portal Point of Contact or [support@crisphealth.org](mailto:support@crisphealth.org)

# Reminder: Please Complete the Data Forum Survey!

- Opportunity to provide feedback on
  - Meeting logistics (meeting notice, registration, ease of participation)
  - Topics covered during the prior meeting
  - Topics for discussion for future meetings
  - **This month: Need feedback on meeting cadence (every quarter or every 4 months?)**
- After this Data Forum, participants will receive a link to a survey via Survey Monkey
- Questions about the survey: contact [hscrcteam@hmetrix.com](mailto:hscrcteam@hmetrix.com)

# UCC Data Collection Update

# UCC Data Collection and Processing

- FY23Q3 data collection completed
- FY23Q4 data submission window is Aug 1 – Aug 29, 2023
- FY24 UCC report submission schedule has been posted on the HSCRC Financial Data Submission Tools web page ([https://hscrc.maryland.gov/Pages/hsp\\_info2.aspx](https://hscrc.maryland.gov/Pages/hsp_info2.aspx)).

# UCC Data Preparation and Submission Process Recommendations

- Submit data as early as possible during the 30 - 60 days window to allow time for data review and correction.
- On the day the data submission window opens for the target quarter, the designated hospital staff will receive an email from DAVE with this announcement. If a data file is submitted before the window is opened, the error report will not be generated until the day this task opens.
- After submission, review errors and warnings in the edit report and resubmit corrected data as needed even if the error rate is <5%.

## UCC Data: Notable Errors Observed in FY23Q3 Data Submission

- Invalid or missing billed amount - this information might be unavailable for accounts that are old or transferred from another system
- Missing service date - date should not be left blank
- Missing expected payer - use code 99 if unknown
- File contains blank lines or summary of total write-off amount at the end of the data list
- UCC account not found in Case Mix tapes - UCC write-off may be reported before discharge
- Mismatched UCC service date and Case Mix admission/from date - data edit rule to be modified

## UCC DSR and Edit Report Updates for FY 2023 Q3

- UCC record submitted for psychiatric hospital that has no matching account number in case mix are flagged as warning instead of error
- File naming convention checking rules is non case-sensitive
- Payer code that is valid during the time of the reporting quarter or on the service date are accepted
- UCC balance list in the edit report displays accounts with net balance greater than \$100 credit for recent services provided within 8 quarters prior to the end of the current reporting period



# UCC DSR and Edit Report Updates for FY 2023 Q4

- UCC write-off service date may not reconcile with case mix admission date due to different reporting requirement (e.g., UCC write-off for ED visit that resulted in IP admission on the next day, UCC write-off for service performed during IP visit).
- In the “Detail UCC CaseMix Cross-Check” report tab, add a new UCC and Case Mix Data Matching Status Category 8 for records with a service date that do not match the case mix admin/from date but is between 1 day prior to admin/from date and discharge/through date. Flag these records as Warning instead of Error.
- In the “UCC Cross-Check with CaseMix” report tab, add a summary for record count and percent for records flagged as Category 8 Warning.
- In the “UCC Percent Error List” report tab, add a summary for Warnings in the “UCC Cross Check with Case Mix Summary” section.

# Questions about UCC Data Processing Procedures

- Contact Irene Cheng ([Irene.Cheng@maryland.gov](mailto:Irene.Cheng@maryland.gov)) for questions regarding
  - Revised UCC reporting instructions
  - UCC data edit rules
  - UCC data quality
  - Request report submission extension before due date (via DAVE)
  - Request report data pass if error rate > 5% (via DAVE)
- Contact hMetrix ([hscrcteam@hmetrix.com](mailto:hscrcteam@hmetrix.com)) for technical support regarding DAVE
  - Access to edit reports and notification e-mail
  - Request report submission window be reopened to submit past due report

## Points of Contact: UCC Data

HSCRC	hMetrix
<b>Irene Cheng</b> Email: <a href="mailto:Irene.Cheng@maryland.gov">Irene.Cheng@maryland.gov</a>	<b>DAVE Technical Support</b> Email: <a href="mailto:hscrcteam@hmetrix.com">hscrcteam@hmetrix.com</a>
For questions regarding: <ul style="list-style-type: none"><li>• Revised UCC reporting instructions</li><li>• UCC data edit rules</li><li>• UCC data quality</li><li>• Request report submission extension before due date (via DAVE)</li><li>• Request report data pass if error rate &gt; 5% (via DAVE)</li></ul>	For questions regarding: <ul style="list-style-type: none"><li>• Access to edit reports and notification e-mail</li><li>• Request report submission window be reopened to submit past due report</li></ul>

# FY 2024 Final Changes

# FY 2024 Data Submission Requirements (DSRs) Updates

## Changes in Inpatient Dataset:

- The variable non-psychiatric days of service will be **optional**
- **Remove** cross edit error related to psychiatric days of service and non psychiatric days of service
- **Add** a new error: psychiatric days of service should not be greater than Length of Stay

## Change in Psychiatric Dataset:

Current Daily Service Values	New Daily Service Value
01 - 09 = DO NOT USE - RESERVED FOR ACUTE HOSPITALS	01 -10 = DO NOT USE - RESERVED FOR ACUTE HOSPITALS
10 = ADULT	
11 = ADOLESCENT	11 = ADOLESCENT
12 = CHILD	12 = CHILD
13 = GERIATRIC	13 = GERIATRIC
14 = OTHER	14 = OTHER
15 = UNKNOWN	15 = UNKNOWN
	<b>16 = ADULT</b>

# FY 2024 DSR Updates (Contd.)

## Change in Inpatient and Outpatient datasets:

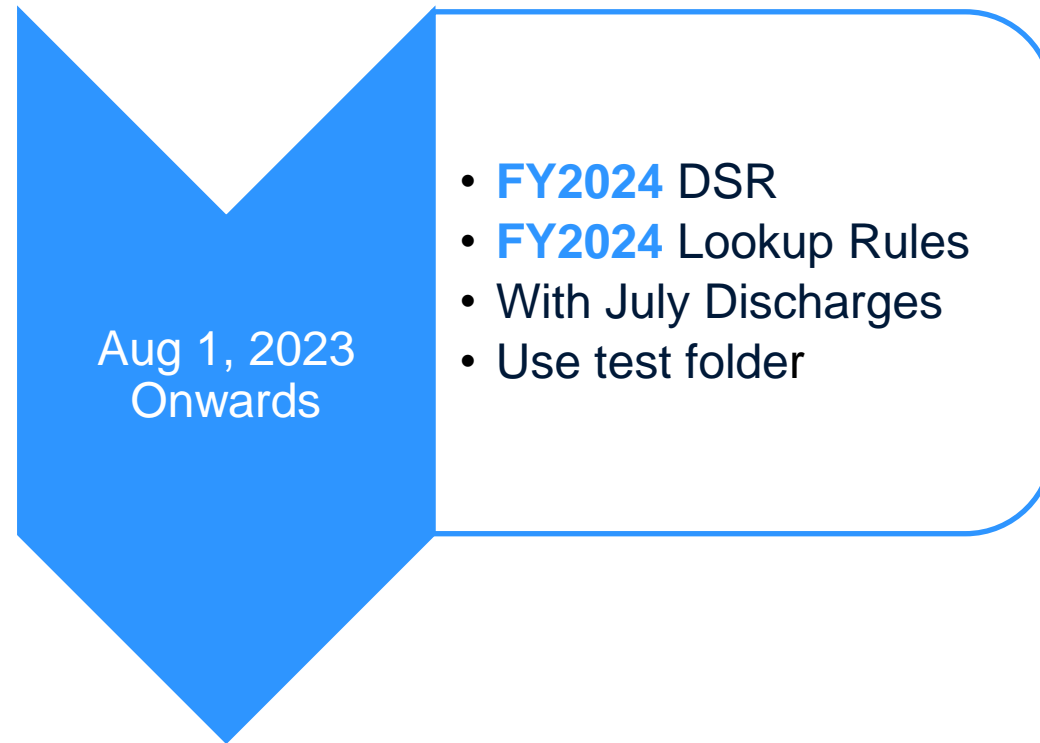
- Add a new variable "Arrival date" in Record Type 1
  - Error: If value is invalid or blank
  - Warning: If procedure date in inpatient file or date of service in outpatient is before Arrival date
- Rationale:
  - If the date on which the patient arrived is collected, HSCRC can validate the procedure date that are prior to admit date.

## Change in Inpatient, Outpatient, and Psychiatric dataset:

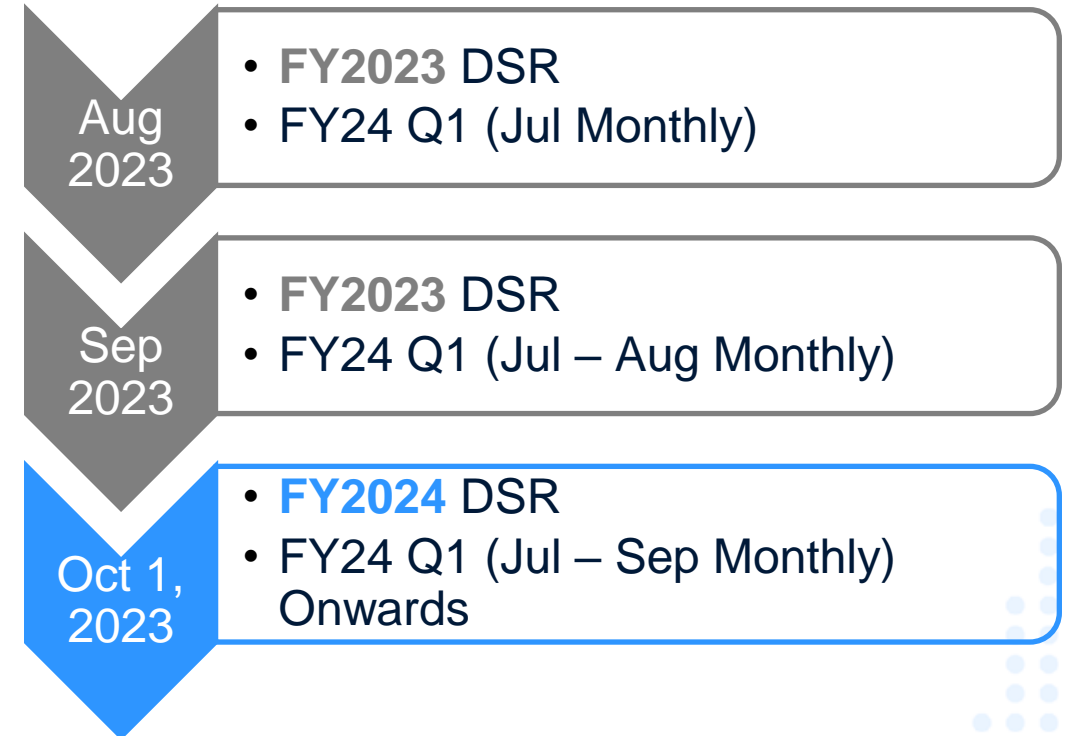
- Baltimore Convention Center (210068) is **no longer a valid provider** for admission source or discharge disposition.

# FY 2024 DSR Implementation Timeline

- Test/Sandbox



- Production





# Data Processing Vendor Update

## Points of Contact

HSCRC	hMetrix / Burton Policy
<b>Oscar Ibarra</b> Phone: (410) 764-2566 Email: <a href="mailto:oscar.ibarra@maryland.gov">oscar.ibarra@maryland.gov</a>	<b>Shivani Bhatt</b> (Primary PoC) Phone: (484) 228-1453 Email: <a href="mailto:shivani@hmetrix.com">shivani@hmetrix.com</a>
<b>Curtis Wills</b> Phone: (410) 764-2594 Email: <a href="mailto:curtis.wills@maryland.gov">curtis.wills@maryland.gov</a>	<b>Mary Pohl</b> (Hospital Support) Phone: (410) 274-3926 Email: <a href="mailto:marypohl@burtonpolicy.com">marypohl@burtonpolicy.com</a>
<b>Claudine Williams</b> Phone: (410) 764-2561 Email: <a href="mailto:claudine.williams@maryland.gov">claudine.williams@maryland.gov</a>	<b>Team Email:</b> <a href="mailto:hscrcteam@hmetrix.com">hscrcteam@hmetrix.com</a>

# Reminders

- Production data
  - Upload Case Mix (Inpatient, Outpatient and Psychiatric) files to the RDS server 'submit' folder
    - These files are used for grouping and other downstream processes
  - Upload UnCompensated Care (UCC) files to the RDS server 'UCC' folder
  - Download error reports from <https://hscrcdave1.hmetrix.com/>
- Test data
  - Upload files to the RDS server 'test' folder - both Case Mix data as well as UCC files
  - Available all the time for hospitals to test submissions
  - Data is not used for downstream processes
  - Download error reports from <https://hdavetest.hmetrix.com/>

# Reminders

- Financial Reconciliation Form
  - Financial Reconciliation Form is available to download from DAVE website 2 days after the quarterly data submission deadline
- To add new users
  - Reach out to hMetrix Team
  - DAVE User workbook for each hospital/hospital system is maintained by our team
  - Update and return the user workbook to gain access

# Case Mix Review Vendor Update

# Point of Origin

- Defined as the **patient's immediate location (physical location)** before arriving at the hospital, hospital's emergency department, or another point of entry.
  - Non-healthcare facility:
    - Patient coming from home or work
    - Patient coming for a scheduled procedure or admission with a referral
  - Clinic or Physician Office includes urgent care
    - Patient is seen in a physician office, clinic or urgent care and is advised to go directly to the Emergency Department
  - Court/Law Enforcement
    - Use if patient came directly from jail, prison, under police custody, arrested, incarcerated, correctional hospital or court
    - **Do not use** if patient was **only being transported by law enforcement** from another point of origin not listed above (i.e., home or work)

# Outpatient Case Mix Variances

Internal coding quality review plans should include the following:

- Skin Repairs
- Lesion Removal
- Primary Diagnosis





# Outpatient Case Mix Variances

## Wound Repair Documentation Includes:

- Layers involved to demonstrate the complexity
  - simple, intermediate or complex
- Location of the wound
- Length in centimeters for each wound on each date of service.
- Wound lengths within the same site classification & complexity are added together
- Example: a 2.8 cm intermediate repair of the right forearm and a 3.5 cm intermediate repair of left forearm were performed. Added together total reported is 6.3 cm.



# Outpatient Case Mix Variances

## Lesion Documentation Includes:

- Size and location of each lesion must be noted in the operative report
- Type of lesion must be identified in clinical documentation
  - benign
  - malignant
  - in-situ
  - other
- Each lesion is coded separately

# Outpatient Case Mix Variances

## Primary Diagnosis:

→The reason for the encounter must be documented for the date of service.

Reporting an ICD-10 code number is not documenting a reason.

→Examples:

- Infusion Clinic typically report why the infusion is needed (chemotherapy, iron, MS) Note: refer to coding guidelines for exceptions.
- Anticoagulation Clinic- reason for visit is for long term use of anticoagulants followed by the cause. Example patient is seen every 3 months in clinic for coumadin monitoring required from a DVT in 2020 (the DVT will be a history code since there is no current DVT).

# Data Repository Vendor Update

# RDS Folder Structure

## ADHOC

- Submit files as requested by HSCRC or data processing vendor

## ARCHIVE

- Record of files submitted

## SPECIALITY FOLDERS

- UCC, GME, Hospice, OPCOSM

## RETURN

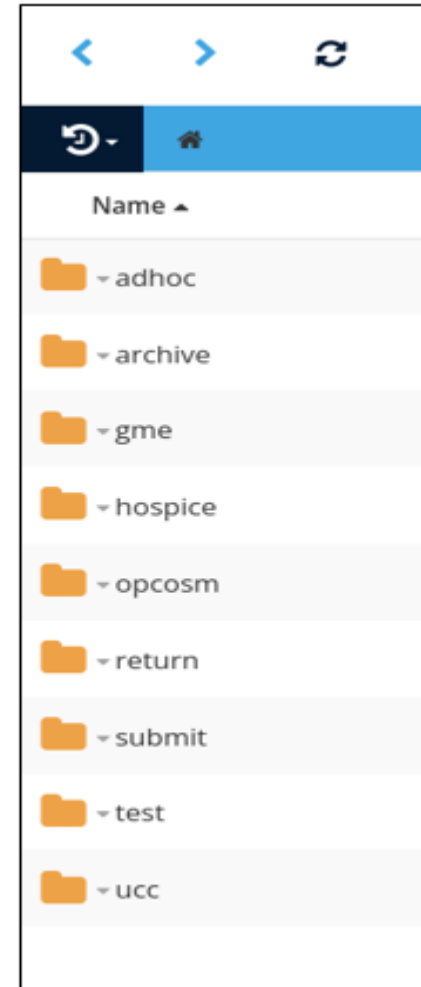
- Files sent to end user

## SUBMIT


- Submit FINAL data

## TEST

- Submit TEST data



# SCA Password Reset Portal and Contact Information



**Secure Client Access  
Password Reset Portal**

Username

Email Address

**Submit**

## Password Reset Portal

<HTTPS://PASSWORD.THESTPAULGROUP.COM>

Enter USERNAME and EMAIL associated with account.  
A secure email will be sent with a new password.

## CONTACT INFORMATION:

St. Paul Operations

[ops@thestpaulgroup.com](mailto:ops@thestpaulgroup.com)

# Upcoming Workgroup Meetings



# Workgroup Topics

- SOGI Workgroup

- **Purpose:** Discuss feasibility of expanding definitions for Sexual Orientation and Gender Identity (SOGI)
- **Duration:** 1-2 meetings (virtual)
- **Membership:** 6-10 members (have representatives from systems, rural, and independent hospitals)
- **Timing:** 2nd meeting planned for August - September, present findings at October Data Forum Meeting
- **To participate, email:** [Princess.Collins@maryland.gov](mailto:Princess.Collins@maryland.gov)

# Emergency Department Dramatic Improvement Effort (EDDIE)

# EDDIE (Emergency Department Dramatic Improvement Effort)

- Monthly, public reporting of three measures:
  - ED1 Inpatient arrival to admission time
  - OP18 Outpatient ED arrival to discharge time
  - EMS turnaround time (data from MIEMSS)
- Hospital reporting:
  - Monthly reporting of ED1 and OP18 starting in July or August
  - Data will be used for public reporting
  - Hospitals who do not report on monthly basis will be listed in public report
  - HSCRC will provide excel reporting template with high level specifications

EDDIE was proposed by Commissioner Maulik Joshi to spur immediate actions to improve wait times. Proposal will be discussed at June commission meeting. However given the quick turnaround we wanted to alert this group and get feedback.

# Next Meeting

Notes and slides will be posted to the  
HSCRC website:

[https://hscrc.maryland.gov/Pages/hsp\\_info1.aspx](https://hscrc.maryland.gov/Pages/hsp_info1.aspx)

Next Meeting  
FY 2024 Q1  
September 8, 2023